SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 32 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to DF OB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW A. TOLEDO Mailing Address 110 LAKE HEAF	RN DRIVE	Date of Receipt
City ATLANTA FEC ID number of contributing federal political committee.	State Zip Code GA 30342	Transaction ID: SA11AI.20919 Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ROBERT L. TRUE Mailing Address 5203 HERITAGE AVENUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.20934
COOLEYVILLE FEC ID number of contributing federal political committee.	TX 76034	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DONALD F. WEBER	I	Date of Receipt
DONALD F. WEBER Mailing Address 1400 BELLINGER STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EAU CLAIRE	State Zip Code WI 54702	Transaction ID: SA11AI.20920
FEC ID number of contributing federal political committee.	C 34702	Amount of Each Receipt this Period 1000.00
Name of Employer LUTHER MIDELFORT CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	onal)	2000.00